

Formality Review Claims Count Sheet

Date: / /

Case N .

As Filed			As Filed			As Filed			As Filed		
No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.
1	1		41			81			121		
2		1	42			82			122		
3		1	43			83			123		
4		1	44			84			124		
5		1	45			85			125		
6		1	46			86			126		
7			47			87			127		
8			48			88			128		
9			49			89			129		
10			50			90			130		
11			51			91			131		
12			52			92			132		
13			53			93			133		
14			54			94			134		
15			55			95			135		
16			56			96			136		
17			57			97			137		
18			58			98			138		
19			59			99			139		
20			60			100			140		
21			61			101			141		
22			62			102			142		
23			63			103			143		
24			64			104			144		
25			65			105			145		
26			66			106			146		
27			67			107			147		
28			68			108			148		
29			69			109			149		
30			70			110			150		
31			71			111			151		
32			72			112			152		
33			73			113			153		
34			74			114			154		
35			75			115			155		
36			76			116			156		
37			77			117			157		
38			78			118			158		
39			79			119			159		
40			80			120			160		
T. Ind. 1			T. Ind.			T. Ind.			T. Ind.		
T. Dep 5			T. Dep			T. Dep			T. Dep		
Total 6			Total			Total			Total		

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